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RD 108 00 11/10/10

## **COVER LETTER**

TO:	Amendment Section Division of Corporation	ns					
SUBJI	ECT:	Florick Interna	tional Corp Corporation				
DOCU	MENT NUMBER:	P00	000100492				
The en	closed Statement of Char	nge of Registered Offic	e/Agent and fee	are submit	tted for filing.		
Please	return all correspondence	concerning this matte	r to the followin	ıg:			
			e Tanner				
		Name of Co	ntact Person				
		Florick Intern	national Corp				
	<del>,</del>	Firm/C	ompany	•	<del></del>		
	4900 Linton Boulevard, #19						
		Add	ress				
		Delray Beac City/State a	h, FL 33445 nd Zip Code				
	gr E-mail add	ocks@florick.com, ress: (to be used for f	or dick@floric	ck.com eport notif	ication)		
For furt	ther information concern	ing this matter, please	call:				
	Florence Ta		at ( 561	)	450-7464 ne Telephone Number		
	Name of Contact	Person	Area Coo	le & Daytir	ne Telephone Number		
Enclose	ed is a \$35.00 check made	e payable to the Depart	ment of State.				
	Divisio P.O. Bo	Address: ment Section n of Corporations ox 6327 ssee, FL 32314	Ame Divis Clifte 2661	t Address: ndment Se sion of Cos on Buildin Executive hassee, FI	rporations g c Center Circle		

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	rporation organized	507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	e of FLORIDA
1. The name of	the corporation: Florick	<u>Internationa</u>	1 Corporation	
2. The principal	office address: 4900 Li	nton Boulevard	, #19	<u> </u>
<del></del>	Delray E	Beach, FL 3344	15	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	10/24/2000	Document number:	P00000100492
	I street address of the curr tment of State: (If resigne		t and registered office on fi	ile with the
	Richard M. Tanner			···
	6530 W. Rogers Ci	rcle, Suite # 29		
	Boca Raton, FL 33-	487		<u>F</u> or
6. The name and (if changed):	d street address of the new	registered agent (i	f changed) and /or registere	and office
	4900 Linton Boulev	ard, #19		<b>6</b>
	Delray Beach, FL	33445		30000000000000000000000000000000000000
		P.O. Box NOT acc	eptable	6
The street addre	ess of its registered office be identical.	and the street add	ress of the business office	
Such change wa authorized by th	as authorized by resolution board, or the corporation	on duly adopted by on has been notific	its board of directors or led in writing of the change	by an officer so e.
Thura	re of an officer or director		ANNER Printed or typed name	PRES and title
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as regis o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and a sions of all statutes accept the obligat a change in the re of this change.	eree to act in this capacity relative to the proper and ion of my position as regi gistered office address, I	
Leur	nature of Registered Agent		11-12-10	
6igi	nature of Registered Agent		Date	
KTA	half of an entity:  NNER  Veed or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*